

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

ALAMEDA COUNTY TREASURER
1221 OAK ST

OAKLAND, CA 94612

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 4,720,800.00

Gross Claim \$4,720,800.00

Net Claim / Payment Amount \$4,720,800.00

YTD Amount: \$4,720,800.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 1 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE, CA 96120

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds perAB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 61,800.00

Gross Claim \$61,800.00

Net Claim / Payment Amount \$61,800.00

YTD Amount: \$61,800.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 2 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

AMADOR COUNTY TREASURER
810 COURT ST

JACKSON, CA 95642

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 162,900.00

Gross Claim \$162,900.00

Net Claim / Payment Amount \$162,900.00

YTD Amount: \$162,900.00

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE, CA 95965

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 1,933,400.00

Gross Claim \$1,933,400.00

Net Claim / Payment Amount \$1,933,400.00

YTD Amount: \$1,933,400.00

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Remittance Advice - EFT

Page 4 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS, CA 95249

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 363,400.00

Gross Claim \$363,400.00

Net Claim / Payment Amount \$363,400.00

YTD Amount: \$363,400.00

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

COLUSA COUNTY TREASURER
546 JAY ST

COLUSA, CA 95932

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 153,200.00

Gross Claim \$153,200.00

Net Claim / Payment Amount \$153,200.00

YTD Amount: \$153,200.00

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Remittance Advice - EFT

Page 6 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ, CA 94553

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 1,922,800.00

Gross Claim \$1,922,800.00

Net Claim / Payment Amount \$1,922,800.00

YTD Amount: \$1,922,800.00

For assistance, please call: John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

DEL NORTE COUNTY TREASURER
981 H ST STE 150

CRESCENT CITY, CA 95531

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 308,600.00

Gross Claim \$308,600.00

Net Claim / Payment Amount \$308,600.00

YTD Amount: \$308,600.00

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

EL DORADO COUNTY TREASURER
360 FAIR LN

PLACERVILLE, CA 95667

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 633,600.00

Gross Claim \$633,600.00

Net Claim / Payment Amount \$633,600.00

YTD Amount: \$633,600.00

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

FRESNO COUNTY TREASURER
PO BOX 1406

SACRAMENTO, CA 95812

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 8,219,900.00

Gross Claim \$8,219,900.00

Net Claim / Payment Amount \$8,219,900.00

YTD Amount: \$8,219,900.00

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Remittance Advice - EFT

Page 10 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

GLENN COUNTY TREASURER
PO BOX 151

WILLOWS, CA 95988

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 262,300.00

Gross Claim \$262,300.00

Net Claim / Payment Amount \$262,300.00

YTD Amount: \$262,300.00

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Remittance Advice - EFT

Page 11 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

HUMBOLDT CO SUPERIOR COURT
TREASURER OF THE COURT
825 5TH ST RM 224
EUREKA, CA 95501 1153

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 878,900.00

Gross Claim \$878,900.00

Net Claim / Payment Amount \$878,900.00

YTD Amount: \$878,900.00

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

IMPERIAL COUNTY TREASURER
940 WEST MAIN ST

EL CENTRO, CA 92243 2863

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 1,080,400.00

Gross Claim \$1,080,400.00

Net Claim / Payment Amount \$1,080,400.00

YTD Amount: \$1,080,400.00

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Remittance Advice - EFT

Page 13 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

INYO COUNTY TREASURER
PO BOX 0

INDEPENDENCE, CA 93526

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 147,700.00

Gross Claim \$147,700.00

Net Claim / Payment Amount \$147,700.00

YTD Amount: \$147,700.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 14 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO, CA 95798 1240

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 6,954,100.00

Gross Claim \$6,954,100.00

Net Claim / Payment Amount \$6,954,100.00

YTD Amount: \$6,954,100.00

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Remittance Advice - EFT

Page 15 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

KINGS COUNTY TREASURER
PO BOX 1406

SACRAMENTO, CA 95812 1406

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds perAB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 538,900.00

Gross Claim \$538,900.00

Net Claim / Payment Amount \$538,900.00

YTD Amount: \$538,900.00

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Remittance Advice - EFT

Page 16 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT, CA 95453

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 984,600.00

Gross Claim \$984,600.00

Net Claim / Payment Amount \$984,600.00

YTD Amount: \$984,600.00

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Remittance Advice - EFT

Page 17 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE, CA 96130

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 338,700.00

Gross Claim \$338,700.00

Net Claim / Payment Amount \$338,700.00

YTD Amount: \$338,700.00

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO, CA 95812

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds perAB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 59,877,700.00

Gross Claim **\$59,877,700.00**

Net Claim / Payment Amount **\$59,877,700.00**

YTD Amount: **\$59,877,700.00**

For assistance, please call: John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

MADERA COUNTY TREASURER
C/O BANK OF AMERICA
PO BOX 1859
SACRAMENTO, CA 95812 1859

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 1,021,000.00

Gross Claim \$1,021,000.00

Net Claim / Payment Amount \$1,021,000.00

YTD Amount: \$1,021,000.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 20 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

MARIN COUNTY TREASURER
PO BOX 4220
CIVIC CENTER
SAN RAFAEL, CA 94913

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 1,060,700.00

Gross Claim \$1,060,700.00

Net Claim / Payment Amount \$1,060,700.00

YTD Amount: \$1,060,700.00

For assistance, please call: John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

MARIPOSA COUNTY TREASURER
PO BOX 36

MARIPOSA, CA 95338

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 161,300.00

Gross Claim \$161,300.00

Net Claim / Payment Amount \$161,300.00

YTD Amount: \$161,300.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 22 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

MENDOCINO COUNTY TREASURER
501 LOW GAP RD 1060

UKIAH, CA 95482

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 938,800.00

Gross Claim \$938,800.00

Net Claim / Payment Amount \$938,800.00

YTD Amount: \$938,800.00

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

MERCED COUNTY TREASURER
PO BOX 981311

WEST SACRAMENTO, CA 95798 1311

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 1,915,300.00

Gross Claim \$1,915,300.00

Net Claim / Payment Amount \$1,915,300.00

YTD Amount: \$1,915,300.00

For assistance, please call: John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS, CA 96101

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds perAB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 176,800.00

Gross Claim \$176,800.00

Net Claim / Payment Amount \$176,800.00

YTD Amount: \$176,800.00

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Remittance Advice - EFT

Page 25 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

MONO COUNTY TREASURER
PO BOX 495

BRIDGEPORT, CA 93517

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 105,000.00

Gross Claim \$105,000.00

Net Claim / Payment Amount \$105,000.00

YTD Amount: \$105,000.00

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Remittance Advice - EFT

Page 26 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

MONTEREY COUNTY TREASURER
PO BOX 1406

SACRAMENTO, CA 95812 1406

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 847,600.00

Gross Claim **\$847,600.00**

Net Claim / Payment Amount **\$847,600.00**

YTD Amount: **\$847,600.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA, CA 94559 3035

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds perAB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 568,300.00

Gross Claim \$568,300.00

Net Claim / Payment Amount \$568,300.00

YTD Amount: \$568,300.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 28 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY, CA 95959

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 347,500.00

Gross Claim \$347,500.00

Net Claim / Payment Amount \$347,500.00

YTD Amount: \$347,500.00

For assistance, please call: John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

ORANGE COUNTY TREASURER
PO BOX 981024

WEST SACRAMENTO, CA 95798 1024

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 8,879,200.00

Gross Claim \$8,879,200.00

Net Claim / Payment Amount \$8,879,200.00

YTD Amount: \$8,879,200.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 30 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn, CA 95603

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 391,500.00

Gross Claim \$391,500.00

Net Claim / Payment Amount \$391,500.00

YTD Amount: \$391,500.00

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Remittance Advice - EFT

Page 31 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

PLUMAS COUNTY TREASURER
PO BOX 176

QUINCY, CA 95971

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 229,300.00

Gross Claim \$229,300.00

Net Claim / Payment Amount \$229,300.00

YTD Amount: \$229,300.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 32 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

RIVERSIDE COUNTY TREASURER
C/O UNION BANK OF CA ST GOV
PO BOX 4035
SACRAMENTO, CA 95812 4035

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 6,478,300.00

Gross Claim \$6,478,300.00

Net Claim / Payment Amount \$6,478,300.00

YTD Amount: \$6,478,300.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 33 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

SACRAMENTO COUNTY TREASURER
PO BOX 980264

WEST SACRAMENTO, CA 95798 0264

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 16,498,600.00

Gross Claim \$16,498,600.00

Net Claim / Payment Amount \$16,498,600.00

YTD Amount: \$16,498,600.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 34 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

SAN BENITO COUNTY TREASURER
COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER, CA 95023

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 236,600.00

Gross Claim \$236,600.00

Net Claim / Payment Amount \$236,600.00

YTD Amount: \$236,600.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 35 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

SAN BERNARDINO CO TREASURER
PO BOX 1859

SACRAMENTO, CA 95812

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 8,647,600.00

Gross Claim \$8,647,600.00

Net Claim / Payment Amount \$8,647,600.00

YTD Amount: \$8,647,600.00

For assistance, please call: John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

SAN DIEGO COUNTY TREASURER
PO BOX 2920

SACRAMENTO, CA 95812 2920

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds perAB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 11,930,900.00

Gross Claim \$11,930,900.00

Net Claim / Payment Amount \$11,930,900.00

YTD Amount: \$11,930,900.00

For assistance, please call: John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

SAN FRANCISCO COUNTY TREASURER
PO BOX 2920

SACRAMENTO, CA 95814 2920

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 4,270,600.00

Gross Claim \$4,270,600.00

Net Claim / Payment Amount \$4,270,600.00

YTD Amount: \$4,270,600.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 38 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

SAN JOAQUIN COUNTY TREASURER
PO BOX 981355

WEST SACRAMENTO, CA 95798 1355

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 6,470,700.00

Gross Claim \$6,470,700.00

Net Claim / Payment Amount \$6,470,700.00

YTD Amount: \$6,470,700.00

For assistance, please call: John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO, CA 93406

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 622,900.00

Gross Claim \$622,900.00

Net Claim / Payment Amount \$622,900.00

YTD Amount: \$622,900.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 40 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

SAN MATEO COUNTY TREASURER
C/O UNION BANK ST GOVT DEPT
PO BOX 4035
Sacramento, CA 95812

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 2,168,800.00

Gross Claim \$2,168,800.00

Net Claim / Payment Amount \$2,168,800.00

YTD Amount: \$2,168,800.00

For assistance, please call: John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA, CA 93102

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 559,700.00

Gross Claim \$559,700.00

Net Claim / Payment Amount \$559,700.00

YTD Amount: \$559,700.00

For assistance, please call: John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

SANTA CLARA CO TREASURER
PO BOX 1406

SACRAMENTO, CA 95812

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 3,775,800.00

Gross Claim \$3,775,800.00

Net Claim / Payment Amount \$3,775,800.00

YTD Amount: \$3,775,800.00

For assistance, please call: John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ, CA 95061

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 1,581,300.00

Gross Claim \$1,581,300.00

Net Claim / Payment Amount \$1,581,300.00

YTD Amount: \$1,581,300.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 44 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

SHASTA COUNTY TREASURER
PO BOX 1859

SACRAMENTO, CA 95812 1859

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 912,300.00

Gross Claim \$912,300.00

Net Claim / Payment Amount \$912,300.00

YTD Amount: \$912,300.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 45 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE, CA 95936 0376

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 34,800.00

Gross Claim \$34,800.00

Net Claim / Payment Amount \$34,800.00

YTD Amount: \$34,800.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 46 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

SISKIYOU COUNTY TREASURER
311 FOURTH ST RM 104

YREKA, CA 96097

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 420,700.00

Gross Claim \$420,700.00

Net Claim / Payment Amount \$420,700.00

YTD Amount: \$420,700.00

For assistance, please call: John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD, CA 94533 6337

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds perAB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 329,700.00

Gross Claim \$329,700.00

Net Claim / Payment Amount \$329,700.00

YTD Amount: \$329,700.00

For assistance, please call: John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

SONOMA COUNTY TREASURER
PO BOX 1204

SACRAMENTO, CA 95812 1204

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 1,054,200.00

Gross Claim \$1,054,200.00

Net Claim / Payment Amount \$1,054,200.00

YTD Amount: \$1,054,200.00

For assistance, please call: John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

STANISLAUS COUNTY TREASURER
PO BOX 3052

MODESTO, CA 95353 3052

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 1,987,200.00

Gross Claim \$1,987,200.00

Net Claim / Payment Amount \$1,987,200.00

YTD Amount: \$1,987,200.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 50 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY, CA 95992

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 1,905,000.00

Gross Claim \$1,905,000.00

Net Claim / Payment Amount \$1,905,000.00

YTD Amount: \$1,905,000.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 51 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

TEHAMA COUNTY TREASURER
PO BOX 1150

RED BLUFF, CA 96080

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 389,200.00

Gross Claim \$389,200.00

Net Claim / Payment Amount \$389,200.00

YTD Amount: \$389,200.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 52 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

TRINITY CO TREASURER
PO BOX 1297

WEAVERVILLE, CA 96093 1297

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 159,300.00

Gross Claim \$159,300.00

Net Claim / Payment Amount \$159,300.00

YTD Amount: \$159,300.00

For assistance, please call: John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA, CA 93291

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 3,459,700.00

Gross Claim \$3,459,700.00

Net Claim / Payment Amount \$3,459,700.00

YTD Amount: \$3,459,700.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 54 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA, CA 95370

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 232,400.00

Gross Claim \$232,400.00

Net Claim / Payment Amount \$232,400.00

YTD Amount: \$232,400.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 55 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

VENTURA COUNTY TREASURER
C/O WELLS FARGO BANK
PO BOX 980307
WEST SACRAMENTO, CA 95798 0307

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 1,779,100.00

Gross Claim \$1,779,100.00

Net Claim / Payment Amount \$1,779,100.00

YTD Amount: \$1,779,100.00

For assistance, please call: John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100009A
PAYMENT ISSUE DATE: 08/15/2011

YOLO COUNTY TREASURER
PO BOX 1995

WOODLAND, CA 95695

Financial Activity

Additional Description:

Managed Care Funding

To distribute funds per AB100

Fiscal Year: 2011

Collection Period: 07/01/2011 To 07/31/2011

Payment Calculations:

County amount of Managed Care per AB100 758,600.00

Gross Claim \$758,600.00

Net Claim / Payment Amount \$758,600.00

YTD Amount: \$758,600.00

For assistance, please call: John Herzer at (916) 324-8361

Remittance Advice - EFT

Page 57 of 57